

IEIP Brief

Summer, 2002

Editors: Scott Dowell
Mark Simmerman
Sonja Olsen
Tamara Fisk
Waraporn Apiva

A Quarterly Update on Activities at the International Emerging Infections Program, Thailand

The big news for this quarter is that we are now officially members of a network, thanks to the selection of Kenya as the site for the second IEIP. In Thailand, we are delighted to welcome our colleagues at the new African site, and look forward to capitalizing on the unique opportunities for collaborations on IEIP core activities across the two continents. The establishment of population-based surveillance for pneumonia, described below, will provide fertile ground for core collaboration.

Surveillance

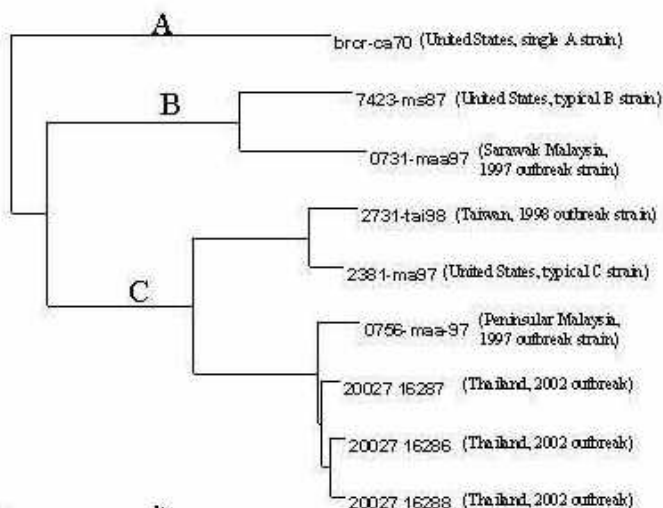
On August 28, 2002, Sakaeo provincial authorities hosted a ceremony to officially launch the active, population-based surveillance system. In preparation for the launch, Sakaeo Provincial Health Office hired and trained 5 surveillance officers, purchased and installed computers for each hospital, and set up a coordinating office. As of September 19, 72 cases of pneumonia have been reported through the system. During the next month, surveillance officers will be trained to scan chest x-rays and enter data onto the computer.



Governor launches IEIP surveillance. Pictured at the signing ceremony are Supamit Chunsuttiwat, chair of the IEIP working group, Suvaj Siasiriwattana, provincial chief medical officer, Somchai Choomrat, governor of Sakaeo, and Scott Dowell and Sonja Olsen of IEIP.

Outbreak Response

In July 2002, the Division of Epidemiology was alerted to several outbreaks of hand-foot-and-mouth syndrome in day care facilities in Bangkok. The Thai NIH cultured patient specimens and identified enterovirus (EV) 71. Because of widespread concern about possible "killer strains" of EV71 from Taiwan and Malaysia, IEIP was asked to facilitate additional testing of isolates at CDC. Sequencing results from Betty Brown and others at the DVRD laboratory indicated that the strains were most similar to isolates associated with severe disease in peninsular Malaysia in 1997. DVRD sent Andy Mullins to Bangkok in September where he helped discuss the implications of this finding and frame a response with the Thai MOPH.



Sequence results. Region amplified 2686n-3468n of the partial vp1 and partial 2a.

Research

NCID recently awarded EID funds for a project to identify the etiology and epidemiology of encephalitis and meningoencephalitis in select hospitals in Thailand and Bangladesh. The lead investigators in Thailand, Angie Peck, EIS Officer from DVRD, and Krongkaew Supawat, Deputy Director, Thai NIH, spent several weeks in September working with study sites to define procedures and write a protocol. It is anticipated that the study will begin enrolling patients in January 2003.

Training

IEIP aims to provide training opportunities for U.S., as well as Thai scientists, and there have been more than 10 such training opportunities during the first year. Four EIS officers, one NFID fellow, 3 laboratory scientists, one MPH student, one medical resident, and one Humphrey fellow have taken advantage of the IEIP infrastructure and MOPH collaborations to launch short- and longer-term research projects. Our Thai collaborators and our program have benefited greatly from their energy and expertise, and we welcome such inquiries from other CDC scientists.